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I hereby certify that this correspondence is being deposited with the  
United States Postal Service as First Class Mail in and envelope  
addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450  
On: 11/21/2005  
By: Crystal Susa Printed: Crystal Susa

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In re Application of:** Arenberg, et al.**Title:** CONTROLLED RELEASE SYSTEM FOR DELIVERING THERAPEUTIC AGENTS  
INTO THE INNER EAR**Serial No.:** 09/205,251**Filing date:** 12/04/1998**Examiner:** Thanh, LoAn H.**Group Art Unit:** 3763

MS Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**TRANSMITTAL FEE SHEET**

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Transmittal Fee Sheet (2pp., in duplicate);
3. Petition for Extension of Time (1pg., in duplicate).
4. Response to Office Action (17pp., in duplicate)
5. Drawings- 1 Replacement Sheet (Figs. 1, 2);
6. Drawings- 1 Annotated Marked-Up Drawings Sheet (Figs 1, 2).

**Fee Calculation** – The fee has been calculated as follows:**CLAIMS AS FILED** (Fees computed under §1.16)

Claims	Number Filed	Minus Claims previously paid for	Number Extra	Large Entity Rate	TOTAL
Claims	81	-81	0	X \$ 50	\$ 0
Independent Claims	2	-2	0	X \$ 200	\$ 0
Multiple Dependent Claim(s)			0	X \$360	\$ 0

Petition for 2 month Extension of Time

\$ 450.00**TOTAL FEES****\$ 450.00**

Please charge Deposit Account No. **50-1953** in the amount of \$450.00. The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. **50-1953**. **This form is enclosed in duplicate.**

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-777-4915.

Date: 21 November 2005

10240 Bubb Road  
Cupertino, CA 95014  
Fax: 408-777-3577

Respectfully submitted,  
DURECT CORPORATION



Thomas P. McCracken  
Reg. No. 38,548